

**FORM RS-2 Year 200\_\_**  
**CALCULATION OF FEE AMOUNTS DUE EACH STATE**

NAME: \_\_\_\_\_ MC NUMBER: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
 TRANSPORTING PROPERTY[ ]  
 CARRIERS WHOSE PRINCIPLE PLACE OF BUSINESS IS: \_\_\_\_\_

(A) Participating States	(B) Total No. of Vehicles	(C) Per Vehicle Fee	(D) Fee times No. of Vehicle
Alabama		\$6.00	
Arkansas		\$5.00	
California		\$5.00	
Colorado		\$5.00	
Connecticut		\$10.00	
Georgia		\$5.00	
Idaho		\$2.00	
Illinois		\$7.00	
Indiana		\$10.00	
Iowa		\$1.00	
Kansas		\$10.00	
Kentucky		\$10.00	
Louisiana		\$10.00	
Maine		\$8.00	
Massachusetts		\$10.00	
Michigan		\$10.00	
Minnesota		\$5.45	
Mississippi		\$10.00	
Missouri		\$10.00	
Montana		\$5.00	
Nebraska		\$3.50	
New Hampshire		\$10.00	
New Mexico		\$10.00	
New York		\$10.00	
North Carolina		\$1.00	
North Dakota		\$10.00	
Ohio		\$5.00	
Oklahoma		\$7.00	
Rhode Island		\$8.00	
South Carolina		\$5.00	
South Dakota		\$5.00	
Tennessee		\$8.00	
Texas		\$10.00	
Utah		\$6.00	
Virginia		\$10.00	
Washington		\$10.00	
West Virginia		\$3.00	
Wisconsin		\$5.00	
<b>TOTAL ALL STATE FEES</b>			\$
<b>FAX FEE: \$3.00</b>			\$
<b>TOTAL</b>			\$

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the applicant. (Penalty provisions subject to the laws of the registration state.)

Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_